

Presenting Resident: \_\_\_\_\_

**Residency Program Director Review of the  
ACPE-Accredited Florida Residency Conference Presentations**

**\*\*\*This Form MUST be completed and uploaded as a part of the abstract submission process.\*\*\***

We need your help to ensure that FSHP is fulfilling its role as Providers of pharmacy continuing education that is free of commercial influence. All continuing education programs will be subject to a Reviewing and Monitoring process.

Briefly, your responsibilities will include:

- Complete this document for each resident and **upload** as a part of the abstract submission
- Review the presentation objectives, content & slides
  - Review material and presentation for content and determine if there is any bias.
  - Identify conflicts of interest (if any).
- Complete the check list (page 2) answering the following 4 questions [to confirm that the program meets the guidelines and is ready for ACPE Accreditation]:
  - Does/Do the objective(s) meet ACPE guidelines (and is/are the ones submitted)?
  - Does the presentation content support/meet the objective(s)?
  - Was revision required to comply with ACPE standards, Y/N? (If yes, explain)
  - If applicable, did the revisions result in ACPE compliance? (N/A if no revision needed)

Upon signing this agreement to accept the role as a *Reviewer of FSHP Continuing Education Programs*, I confirm that I will uphold FSHP's standards and guidelines while reviewing and monitoring programs. I understand that FSHP is an ACPE-accredited and Florida Board of Pharmacy provider of Pharmacy Continuing Education and must be directly involved with CPE activity planning, faculty selection, content of the activity, site selection, method of delivery, marketing to the appropriate target audience and assurance that the activity is fair, balanced and free from commercial bias and/or promotion (see *Guidelines for Preparing a Fair and Balanced Presentation*). My position is to assist in the process of reviewing and monitoring programs to ensure that we are in compliance with these guidelines.

\_\_\_\_\_  
**Residency Program Director Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Presenting Resident Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# Residency Program Director Program Review Florida Residency Conference

FRC Dates: \_\_\_\_\_

Presentation Title: \_\_\_\_\_

Presenting Resident Name: \_\_\_\_\_

Residency Program: \_\_\_\_\_

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**Residency Program Director – Program Review** (**Upload** this form at the time of abstract submission)

*Note: if not received by this date, this may prevent the resident from presenting at FRC*

**Objective(s)** *(Is/are they the ones submitted to FSHP & do they meet ACPE guidelines?):*

- Yes
- No *(explain)*, \_\_\_\_\_

**Presentation Content** *(Does the presentation content support/meet the objective(s)?):*

- Yes
- No *(explain)*, \_\_\_\_\_

**Any Actions Taken** *(Was revision required to comply with ACPE standards, Y/N??)*

- Yes *(explain)*, \_\_\_\_\_
- No

**Actions Resolved** *(If applicable, did the revisions result in ACPE compliance?)?*

- Yes
- No *(explain)*, \_\_\_\_\_
- N/A

Signature of the Residency Program Director: \_\_\_\_\_

Signature of Presenting Resident: \_\_\_\_\_

Signature of the FRC Reviewer: \_\_\_\_\_